

KENTUCKY INSURANCE ARBITRATION ASSOCIATION  
10605 SHELBYVILLE ROAD SUITE 100  
LOUISVILLE, KENTUCKY 40223  
502-327-0372

KIAA Use Only: Docket #:	Date Received:
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**Applicant**

Please note: Complete left side. Send three copies of application and contentions and one copy of documentation to KIAA. Send one copy of application, contentions and documentation to Respondent. (Filing fee: \$25 or \$100 if a Panel of Three is requested)

**Respondent**

Please note: Complete right side. Send one copy of application, contentions and documentation to KIAA. Send one copy of application, contentions and documentation direct to Applicant.

	Reparation Obligor	
	NAIC Number	
	Representative	
	Address City, State, ZIP	
	Telephone Number	
	Insured	
	File or Claim Number	

Place of Accident: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

**APPLICANT’S ALLEGATIONS:**

Is this a Counterclaim? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*(If this is a counterclaim the original must be identified)*

Damages Claimed by Reparation Obligor: \_\_\_\_\_  
*(Do not deduct inter-company setoff. Award cannot exceed amount claimed on application.)*  
Explain: \_\_\_\_\_

Has settlement been attempted at least 60 days prior to this application? \_\_\_\_\_

Are you aware of pending claims or suits arising out of the same accident? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you request deferment in accordance with Arbitration Rule 8? \_\_\_\_\_ *(Supporting documentation must be submitted with application.)*  
Do you waive deferment? \_\_\_\_\_

Will Reparation Obligor have personal representation at hearing? \_\_\_\_\_  
If not, do you waive notice of hearing? \_\_\_\_\_

**RESPONDENT’S ALLEGATIONS:**

Do you admit coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*(Failure to answer the question or an affirmative answer prior to an award shall be deemed a waiver of any coverage defense.)*

Do you admit Liability? \_\_\_\_\_ If so, amount of Damages conceded, if any: \_\_\_\_\_

Do you accept Arbitration? \_\_\_\_\_

Has settlement been attempted in last 60 days? \_\_\_\_\_

Are you aware of pending claims or suits arising out of the same accident? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you request deferment in accordance with Arbitration Rule 8? \_\_\_\_\_  
Do you waive deferment? \_\_\_\_\_

Will Reparation Obligor have personal representation at at hearing? \_\_\_\_\_  
If not, do you waive notice of hearing? \_\_\_\_\_

**CONTENTIONS: Applicant and Respondent—attach separate sheet and submit supporting documents**

I hereby certify that 2 copies of this application and Contentions and 1 copy of all documentation were mailed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

to (Respondent) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Applicant Representative

I hereby certify that 1 copy of this application and documentation was mailed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

to (Applicant) \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Respondent Representative